

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590028

FILING DATE

28 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
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13		/		/		
14		/		/		
15		①	/			
16		②	/			
17	/		/			
18		/		/		
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20		/		/		
21		/		/		
22		/		/		
23		①		/		
24		①		/		
25		①		/		
26		①		/		
27		/		/		
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50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	30	←	28	←		←
TOTAL CLAIMS	32		31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						